

UNITED STATE BANKRUPTCY COURT

HONORABLE JUDGE ROBERT GERBER

Feb 4, 13

Morts Ligdation Company

Chapter 11 (09-50026)

Ann L. layton

38 Allerton Court

Youngstown Ohio 44505

I was employed at GMAC Feb 16, 1971 to Jan 84 .

I felt on oil from the carrier and injury right knee and back

claim no. 535406-22 I File with OHIO CIVIL RIGHTS 42 u.s.c.

2000 E 5 (F) i was discharged from my job I return to work

extened disability Doctor Paul HO excuse I went to

medcial at the plant Ed Gidden, said didnt have a job, he said

Rich Kidd told him to fired me. Joe Benman committeemen told me to work

on my job I work 4 hour . the forman Tony Robert told me the plant

If would not he would call the secuity guard. AL Fairbanks to to home they would

call me he never did .My injury now I am handicapped the doctor

said two knee replacement I take pain medice Edocet 3 times 10/325

Diluayem 120mg Lislirpril 40mg Omeprazole 40mg Synthroid 200mg

simvastatin 10mg Bumetanide 200mg I use a walker and cane.

I was on worker com. Occupation Safety and Health Act require

employers to provde a safe work place no hazards that subect employee to death

or serious injury . Charges with OHIO civil rights B\4031183(7072)0583

Today I am enter this letter in good faith asking for reconsideration, enclosed are copy

I feel I was unjustly dismissed had a report off number .

claim was allowed Spain with subluxation of right wrist case 85- CV 1328

just cause standard 65 sec eg Western Standard 46 S\ 748 FD 1049 (5th CIR 1984)

Later APPEAL 799fd 10795th CIR 1986 Cameron Iron WORKS, 25 IAB aRB(bna)

295,301 (1955) Bales Arb) see Brossard C.A.C. In 780f 162 (1st CIR 1986

Thank you ,



Ann L. Layton



BOB TAFT, GOVERNOR

JAMES CONRAD, ADMINISTRATOR/CEO

ANN L LAYTON  
38 ALLERTON COURT  
YOUNGSTOWN OH 44505-0000

10/02/2003

Dear Customer:

On behalf of the Bureau of Workers' Compensation (BWC), let me first say I am sorry to hear about your injury. I realize how difficult a time this can be. I also know workers' compensation may seem intimidating, but working with your employer and using our e-business Web site, [www.ohiobwc.com](http://www.ohiobwc.com), you'll find it less complicated than you think.

Your employer is self-insuring in Ohio. This means the company has chosen to pay any workers' compensation benefits. Thus, your employer will process your claim. BWC will monitor your employer's workers' compensation program. In addition, contact your employer immediately if you are offered payment for the injury by anyone other than your self-insuring employer.

The claim number listed on the identification cards below is important. Remove one of the cards and keep it with you. Use it whenever you contact us, your employer or access our Web site. Now you can get information about your claim or update your address online. It's easy, just log on to [www.ohiobwc.com](http://www.ohiobwc.com) and follow the instructions. Also, enclosed is a brochure that will help you understand what happens next.

I would like to wish you a quick recovery and return to work.

Sincerely,  
*James Conrad*

James Conrad, Administrator/CEO

CC:  
KELLEY & FERRARO

**Please detach one card to carry with you and keep the second card for your records.**

**BWC IDENTIFICATION CARD**

INJURED WORKER: ANN L LAYTON  
CLAIM NUMBER: 01-887632 SI  
INJURY DATE: 10/17/2001

For more information, contact your employer  
or call BWC's Self-Insured Hotline at  
1(800) OHIO BWC or  
1(800) 644-6292

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GM 700 FORM SETS REV. 8-78  
PRINTED IN U.S.A.

JAN 28 1985

## EMPLOYEE GRIEVANCE NO.B

37107

Dept 11 Date 11/22/83 Time 5:30 AM  
P.M.Nature of Grievance CHARGE NOT WITH  
VIOL OF PARA 72 OF THE NIA!Demand NOT comply with THE  
ABOVE PLACE THIS EMP ON A JOB  
SHE CAN DO AND PAY HER ALL  
LOST MONIES & BENEFITS IMMED:Signed John Roberts Clock No. 09218Committeeman John BerlinReported to Tony Roberts ForemanDisposition by Foreman Charges & demands  
deniedDate 11-22-83

Grievance Satisfactorily Settled	Referred to
<u>NO 11-22-83 5:45 PM JTB</u>	<u>1 1/2</u>

Columbus, Ohio 43215

**Medical Report**

Claim Number 535406-22

L. LAYTON

}

Date of this Report \_\_\_\_\_

C. GROUP

Date of Examination \_\_\_\_\_

RT: 03 10 88

EW: 03 10 88

RY: 02 26 74

ITION: TORN LATERAL MENISCUS OF RIGHT KNEE

IE: REVIEW C92A PREVIOUS AWARD 20%

STATE EXAM OF DR. STOTLER DATED 04 13 77

I HAVE A PERMANENT PARTIAL IMPAIRMENT OF 20%. MEDICAL REPORT BY  
A DATED 02 08 88 WAS NOTED TO HAVE A PERMANENT PARTIAL IMPAIRMENT OF

I FEEL THE CLAIMANT HAS A PERMANENT PARTIAL  
OF 28% WHICH IS IN THE LOW MODERATE RANGE. THIS IS AN INCREASE OF 8%  
PREVIOUS AWARD OF 20%.

RESPECTFULLY SUBMITTED,

ANTHONY M. DOMINIC, D.O.

GM 7317  
LITHO IN U.S.A.

Case No. T-0769

# NOTICE OF UNADJUSTED GRIEVANCE

Date 03-21-84

To General Motors Corporation  
General Motors Assembly Division

Plant Lordstown

City Lordstown, Ohio

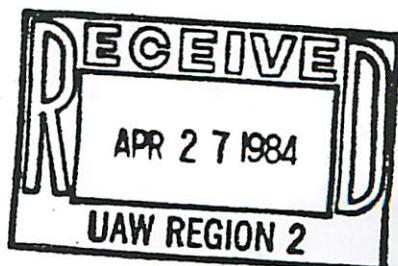
This is to notify you that it is the intention of the union to appeal the following Unadjusted Grievance from the decision of local Management, given on (Date) 03-08-84.

## NATURE OF GRIEVANCE

Grievance Number: B274848

Grievant: A. Layton, social security # 0339

"Charge Mgt. with a viol. of Para 64d NA  
Demand mgt abide by Para 64d. NA & reinstate  
me with full seniority & benefits and pay me  
all lost monies."



Signed Harry Johnson/JOH  
Acting Chairman of Shop Committee

*Paul W. N. Ho, M.D., Inc.*

1045 BOARDMAN-CANFIELD ROAD  
YOUNGSTOWN, OHIO 44512

TELEPHONE: 758-2303

November 22, 1983

RE: Ann Layton

To Whom It May Concern:

The above patient should have limited work duties. She should not do any spot-welding, no pushing or pulling, no lifting heavy pieces (5 lbs. is the limit).

If there are any questions concerning this matter, please contact me at my office.

Sincerely yours,

Paul W. Ho, M.D.

*Paul W. N. Ho, M.D., Inc.*

1045 BOARDMAN-CANFIELD ROAD  
YOUNGSTOWN, OHIO 44512

TELEPHONE: 758-2303

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Paul W. Ho, M.D.

		REQUEST FOR PHYSICAL EXAMINATION		
DATE		SOCIAL	EXAMINER	
NAME		SEC. NO.	CITY STATE	
ADDRESS				
EMPLOYEE				
NEW HIRE		DEPT.	EXAM DATE	
EXAM DATE		EXAMINER SIGNATURE		
MEDICAL DEPARTMENT USE ONLY				
QUALIFIED		RESTRICTIONS		
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> DATE EXAMINED		
M.D.				

**United Automobile, Aerospace & Agricultural Implement Workers of America, UAW**

**LOCAL 1112**

R.D. NO. 5 - REUTHER DRIVE — WARREN, OHIO 44481  
PHONES: 538-2213 - 538-2214 - 394-8301

WORK CENTER  
747-7196 — 824-2150

INSURANCE OFFICE  
824-2388 — 743-7325

**RECORD OF SIGNIFICANT FACTS**

(Please Print)

Grievance No. 37007

Appeal No. \_\_\_\_\_

Date Filed 11/22/63

Foreman JACK HARRIS

Member's Name LAYTON  
(Last)

ANN  
(First) (Middle Initial) 09218  
(Clock No.)

Group Grievance - Yes  No   
(Check One)

Address 38 ALLERTON CT. Yo. Ohio 44505

Violation PARA 72

Phone 746-3208

Department No. 11

What Do We Want \_\_\_\_\_

Social Security No. 0539

\_\_\_\_\_

Seniority Date 2-16-71

Skilled Entry Date \_\_\_\_\_

Classification SPOT WELD

Job Code \_\_\_\_\_

Base Hourly Wage \$ 9.79

**REFERENCE (Give Paragraph Number)**

National \_\_\_\_\_ Type \_\_\_\_\_  
Case \_\_\_\_\_

Local \_\_\_\_\_ Type \_\_\_\_\_  
Case \_\_\_\_\_

Unfair Action \_\_\_\_\_

Date Grievance Settled TA 8-25-84 Step - 1  2  3  4   
Settled 18 (Check One)

THE INDUSTRIAL  
COMMISSION OF OHIO

George Voinovich  
Governor

30 West Spring Street  
Columbus, Ohio 43268-0589

August 19, 1993

The Honorable Howard Metzenbaum  
United States Senate  
ATTN: Janice K. McCourt  
1240 East Ninth St. - Room 2915  
Cleveland, OH 44199

RE: Claimant: Ann Layton  
Claim Number: 535406-22

Dear Ms. McCourt:

I received your letter concerning Ms. Layton's industrial injury.

A reconsideration has not been filed with the Industrial Commission. I have taken the liberty of forwarding your letter to the Bureau of Workers' Compensation for research and response. The claim was located in their C-92 Section.

For further assistance, please do not hesitate to contact our office.

Sincerely,



Phil Haddad  
Legislative Liaison

PH/PJ/TLN

**U.S. Department of Labor**

Employment Standards Administration  
Office of Workers' Compensation Programs  
Washington, D.C. 20210

Mar 21 1994

File Number:

Ms. Ann L. Layton  
38 Allerton Court  
Youngstown, Ohio 44505

Dear Ms. Layton:

I have been asked to reply to your November 27, 1993 letter with enclosures addressed to the President.

I have read your letter and I am sorry to learn of the difficulties you are encountering as a result of your injury.

I wish I could be of direct assistance to you; however, workers' compensation matters come under the jurisdiction of the Ohio workers' compensation statute, and the Federal government has no authority to intervene in such matters.

However, in an effort to be of assistance, I am referring a copy of your letter and enclosures to J. Wesley Trimble, CEO/Administrator, Bureau of Workers' Compensation, 30 West Spring Street, Columbus, Ohio 43266-0581, telephone (614) 466-8751 or toll-free 1-800-282-9536.

A copy of my referral letter to Mr. Trimble is enclosed.

Sincerely,

*Glenn Whittington*  
GLENN WHITTINGTON  
Chief, Branch of Planning,  
Policy and Review

Enclosure

The Industrial Commission of Ohio  
Columbus, Ohio 43215  
Medical Report

Claim Number 535406-22

Date of this Report \_\_\_\_\_

Date of Examination \_\_\_\_\_

Entered 02/11/13 Pg 13 of 14  
Employee ANN L. LAYTON  
Employer B.O.C. GROUP

DATE OF REPORT:  
03 10 88

Doc 10223  
DATE OF REVIEW:  
03 10 88

10226-mgj  
DATE OF INJURY:  
02 26 74

ALLOWED CONDITION:

TORN LATERAL MENISCUS OF RIGHT KNEE

## Reinstatement of Credited Service Worksheet

## Participant Information

Participant Ann L Layton (XXX-XX-0339)  
 Seniority Date 02/16/1971  
 Length of Service Date N/A  
 Stored Service (as of 12/31/2003) 6.7  
 Audited Service (as of 12/31/2003) 6.7

## Calculation Results

Employer	Period Start	Period End	Period Detail		Hourly Service (by Years)	Salaried Service (by Months)	Comments
General Motors	02/16/1971	12/31/1971	Hire to End of Year		1	0	
General Motors	01/01/1972	12/31/1972	Beginning of Year (Active) to End of Year		1	0	
General Motors	01/01/1973	12/31/1973	Beginning of Year (Active) to End of Year		1	0	
General Motors	01/01/1974	12/31/1974	Beginning of Year (Active) to End of Year		1	0	
General Motors	01/01/1975	01/01/1975	Beginning of Year (Active) to Leave of Absence - Layoff		N/A	N/A	
General Motors	01/01/1975	07/01/1975	Leave of Absence - Layoff to Leave of Absence - Sickness and Accident		N/A	N/A	
General Motors	07/02/1975	12/31/1975	Leave of Absence - Sickness and Accident to End of Year		0.1	0	Per Hrp-6
General Motors	01/01/1976	05/12/1976	Leave of Absence - Sickness and Accident to Leave of Absence - Layoff		N/A	N/A	
General Motors	05/13/1976	12/31/1976	Leave of Absence - Layoff to End of Year		0	0	Per Hrp-6
General Motors	01/01/1977	06/05/1977	Leave of Absence - Layoff to Return from Leave of Absence		N/A	N/A	
General Motors	06/06/1977	06/13/1977	Return from Leave of Absence to Leave of Absence - Sickness and Accident		N/A	N/A	
General Motors	06/14/1977	06/19/1977	Leave of Absence - Sickness and Accident to Return from Leave of Absence		N/A	N/A	
General Motors	06/20/1977	06/20/1977	Return from Leave of Absence to Leave of Absence - Workers Related Disability		N/A	N/A	
General Motors	06/21/1977	12/15/1977	Leave of Absence - Workers Related Disability to Return from Leave of Absence		N/A	N/A	
General Motors	12/16/1977	12/31/1977	Return from Leave of Absence to End of Year		0.6	0	24 wks CL = 960B
General Motors	01/01/1978	01/08/1978	Beginning of Year (Active) to Leave of Absence - Workers Related Disability		N/A	N/A	
General Motors	01/09/1978	02/05/1978	Leave of Absence - Workers Related Disability to Return from Leave of Absence		N/A	N/A	
General Motors	02/06/1978	02/19/1978	Return from Leave of Absence to Leave of Absence - Sickness and Accident		N/A	N/A	
General Motors	02/20/1978	03/28/1978	Leave of Absence - Sickness and Accident to Return from Leave of Absence		N/A	N/A	
General Motors	03/29/1978	04/19/1978	Return from Leave of Absence to Leave of Absence - Sickness and Accident		N/A	N/A	
General Motors	04/20/1978	12/31/1978	Leave of Absence - Sickness and Accident to End of Year		1	0	201 hrs + 1520B
General Motors	01/01/1979	12/31/1979	Leave of Absence - Sickness and Accident to End of Year		0	0	
General Motors	01/01/1980	12/31/1980	Leave of Absence - Sickness and Accident to End of Year		0	0	
General Motors	01/01/1981	12/31/1981	Leave of Absence - Sickness and Accident to End of Year		0	0	
General Motors	01/01/1982	12/31/1982	Leave of Absence - Sickness and Accident to End of Year		0	0	
General Motors	01/01/1983	08/14/1983	Leave of Absence - Sickness and Accident to Return from Leave of Absence		N/A	N/A	
General Motors	08/15/1983	09/06/1983	Return from Leave of Absence to Leave of Absence - Sickness and Accident		N/A	N/A	
General Motors	09/07/1983	10/30/1983	Leave of Absence - Sickness and Accident to Return from Leave of Absence		N/A	N/A	
General Motors	10/31/1983	12/21/1983	Return from Leave of Absence to Leave of Absence - Sickness and Accident		N/A	N/A	
General Motors	12/22/1983	12/31/1983	Leave of Absence - Sickness and Accident to End of Year		1	0	229 hrs + 1480B
General Motors	01/01/1984	01/27/1984	Leave of Absence - Sickness and Accident to Termination		0	0	40 hrs - Quit
<b>Total Service Summary</b>							
Total Salaried Service (in Months)	0						
Total Hourly Service (in Years)	7						
Total Salaried Service (in Years)	0 = Round(0 / 12, 1)						
Total Hourly Service (in Years)	7						